Only

REPORT OF RECEIPTS

FORM 3		SBURSEN Authorized Comi	MENTS	17 APR 14 PMmH	
1. NAME OF COMMITTEE (in	TYPE OR PRIN		ample: If typing, type or the lines.	12FE4M5	
Friends of Berr		11111			
	. 50 5. 204	<u> </u>			
ADDRESS (number an	d street)				
Check if diffication than previous reported. (A	isly Burlington	<u> </u>	1 1 1 1 1 1	VT 0540	· · · · · · · · · · · · · · · · · · ·
2. FEC IDENTIFIC	CATION NUMBER	CITY A	,	STATE A	ZIP CODE A
C C0041133	0	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly Re April 15	PORT (Choose One) eports: Guarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3)	(b) 12-Day PRE	-Election Report for t Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R) in the State of
Januan	y 31 Year-End Report (YE)	(c) 30-Day POS	T-Election Report for General (30G)	the: Runoff (30R)	Special (30S)
 M	ation Report (TER)	Election on	M M / D	· • • • • • • • • • • • • • • • • • • •	in the State of
/'I /'I (b) (c) 5. Covering Period (c)	01 / D1D	, Y Y Y Y Y Y 2017	through	03 / D D / Y	20 <u>17</u>
i certify that I have	examined this Report and Haggard, L	ora 🗻		t is true, correct and co	mplete.
Type or Print Name Signature of Treasur	Haggard, Lora, ,	<i>()</i> }	na-M-110ger	Date 04 /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	false, erroneous, or incom	plete information may	subject the person sig		enalties of 52 U.S.C. §3010
Office Use					FEC FORM 3 (Revised 05/2016)